

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/53674

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		(1)				
6		(1)				
7	1					
8		1				
9		1				
10		1				
11	1					
12	1					
13		2				
14		2				
15		(1)				
16	1					
17	1					
18		2				
19	1					
20		1				
21		2				
22		(1)				
23		(1)				
24	1					
25		1				
26		2				
27		(1)				
28						
29						
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47						
48						
49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	26	←		←		←
TOTAL CLAIMS	34					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						